

PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE FORM
be made for each, and the number of each,
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of	<u>Miami</u>	State Index No.	<u>162</u>
or		County Registrar No.	<u>819</u>
City of		Local Registrar No.	
		No.	<u>E-71 Davis Canyon</u>
		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child		<u>Mila Karaban</u>	
3. Sex of Child		4. Twin, triplet or other	
<u>Female</u>	To be answered ONLY in event of plural births.		6. Legitimate?
		5. No., in order of birth	<u>yes</u>
5. FATHER		7. Date of birth	
Full name <u>Mike Karaban</u>		<u>October 24, 1924</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		Month day year	
If nonresident, give place and state			
10. Color or race	11. Age at last birthday	14. MOTHER	
<u>White</u>	<u>44</u> (Years)	Full maiden name <u>Mary Probraka</u>	
12. Birthplace (city or place)	13. Occupation	15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
(State or country) <u>Austria</u>	Nature of Industry <u>Miner</u>	If nonresident, give place and state	
	<u>Copper</u>	16. Color or race	
		<u>White</u>	
		17. Age at last birthday <u>33</u> (Years)	
		18. Birthplace (city or place)	
		(State or country) <u>Austria</u>	
		19. Occupation	
		Nature of Industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:05 P.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>J. J. Miller</u>	
Given name added from a supplemental report		(Physician or midwife)	
Month, day, year.		Address <u>Miami, Arizona</u>	
Registrar.		Filed <u>Oct 31</u> , 19 <u>24</u> <u>C. E. Davis</u>	
		Filed <u>11-5</u> , 19 <u>24</u> <u>B. G. Davis</u>	
		County Registrar.	

425-1024-471